C. L. \*BUTCH\* OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

July 9, 2008

Teresa Carpenter
Preferred Community Homes Courtyard
615 Second Avenue West
Wendell, Idaho 83355

Provider #13G057

Dear Ms. Carpenter:

On July 2, 2008, a Complaint Survey was conducted at Preferred Community Homes Courtyard. The complaint allegations, findings, and conclusions are as follows:

#### Complaint #ID00003653

**Allegation #1:** Individuals are being punished with time out.

Findings:

An unannounced complaint investigation was conducted at the facility from 6/27/08 to 7/2/08. During that time, observations, record reviews and interviews were conducted.

The facility's "Behavior Method Hierarchy and Definitions" policy, revised 7/27/07, stated under "Time Out: A consequence in which positive reinforcement is withdrawn for a pre-specified period of time following the performance of maladaptive behavior..." The definition of "Exclusionary time out" was "a procedure in which the individual is removed from the reinforcing environment for a specific period of time." The policy stated "Any of the described methods listed may be used in accordance with federal and state regulations. It will be written in a formal behavior program and Guardian and HRC {Human Rights Committee} consent will first be maintained {sic}. {Facility's name} does not tolerate the usage of any behavioral method not outlined above (i.e. {sic} time out rooms) under any circumstances."

During an environmental observation on 6/27/08 at 1:30 p.m., a small yellow chair was noted to be in one individual's room.

When asked about the chair, the Administrator, who was present at the time of the observation, stated the individual would sit in the chair to calm down. Another individual had a grey chair in his room by his bed. The walls and the area near the bed were covered with padding. When asked about the area, the Administrator, who was present at the time of the observation, stated the individual would sit in the chair to calm down. She stated the padding was in place because the individual would sometimes hit his head while sitting in the chair.

The behavioral interventions of 8 individuals were reviewed. The plans of 2 individuals included instructions for staff to take them to a safe environment and sit quietly for 10 minutes. When asked, staff stated on 6/27/08 at 2:10 p.m., one individual's quite place was in her room, sitting in the yellow chair. The other individual's quite place was in his room in the grey chair.

Human rights committee approvals and guardian consents were reviewed for the 2 individuals. One of the individual's written informed consent did not include information related to taking the individual to a safe environment and sitting quietly for 10 minutes.

When asked, during an interview on 7/1/08 at 3:00 p.m., if information related to the time out procedure should be included in the written informed consent, the QMRP stated it should.

It could not be determined that the time out procedures were being used in an inappropriate, punishing manner. Therefore the allegation was unsubstantiated due to a lack of sufficient evidence. However, there was not sufficient information provided to the guardian in the written informed consent and the deficient practice was cited at W124.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Staff are physically, verbally and psychologically abusive toward individuals and staff do not reinforce positive behaviors.

Findings: An unannounced complaint investigation was conducted at the facility from 6/27/08 to 7/2/08. During that time, observations, record reviews and interviews were conducted.

The facility's policy for "Abuse, Neglect, Mistreatment and Injuries of Unknown Source," revised 5/30/08, stated "Employees must not use physical, verbal, sexual, or psychological abuse or punishment." The definitions section of the policy stated "Emotional or Psychological Abuse: The verbal or non-verbal infliction of anguish, pain, or distress that results in mental or emotional suffering. Includes, {sic} but is not limited to humiliation, harassment and threats of punishment or deprivation, sexual coercion, intimidation, whereby individuals suffer psychological harm or trauma." The facility's policy for "Resident Rights," undated, stated "As an employee you must ensure that the rights of our residents are protected at all times..." The policy further stated individuals' rights included "The right not to be subjected to physical, verbal, sexual or psychological abuse or punishment."

The facility's incident reports, investigations, staff personnel records, and staff communication log, from 1/08 to 6/26/08, were reviewed. None of the records contained any documentation of incidents of abuse toward individuals. Additionally, nursing notes and quarterly body check sheets from 1/08 to 6/26/08 were reviewed for 8 individuals. The records did not include documentation of abuse or suspicious injuries of unknown origin.

Observations were conducted at the facility on 6/27/08. Staff were not observed to interact with individuals in an abusive and/or demeaning manner and no suspicious injuries were observed on any of the 8 individuals residing at the facility. Staff were noted to verbally reinforce individuals by saying "good job." Additionally, on 6/27/08 and 6/28/08, 12 direct care staff who were working or had worked at the facility were interviewed. All staff stated they had been trained on the facility's Abuse policy during their orientation. Additionally, 2 senior staff members stated that the policy was periodically reviewed during staff meetings. When asked, all of the staff interviewed stated they had not witnessed or heard of the individuals being abused and/or demeaned by staff. When asked about reinforcement, all staff interviewed stated individuals were verbally reinforced throughout the day. Staff also stated high fives were given as reinforcement to the individuals residing at the facility.

Through observations, interviews, and record reviews, it could not be established that staff had been physically, verbally, or psychologically abusive toward the individuals residing at the facility. Therefore, the allegation was unsubstantiated due to a lack of evidence.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: When an individual takes food he is removed from the table and made to sit on the couch. He is not allowed to get up and have dinner and has to sit and watch everyone else eat.

Findings:

An unannounced complaint investigation was conducted at the facility from 6/27/08 to 7/2/08. During that time, observations, record reviews and interviews were conducted.

On 6/27/08 at 12:05 p.m., the individuals residing at the facility were noted to be seated at the table eating lunch. When asked about mealtimes, staff stated during an interview on 6/27/08 at 3:10 p.m. that all of the individuals would sit at the table together for meals. Staff stated one individual sometimes took food that did not belong to him.

On 6/27/08 and 6/28/08, 12 direct care staff who were working or had worked at the facility were interviewed. When asked about the individual who took food that did not belong to him during meals, staff stated the following:

- When he takes food we ask him to put his hands down and replace the food.
- He is prompted to put his hands down and replace the food.
- He takes food approximately twice per week. We redirect him, pull his chair away from the table, clean up the mess, and re-serve him with a substitution. For example, if he took ham, we would take the ham and replace it with turkey bacon.
- We pull him away from the table and replace the food. It happens more than once a week but not everyday.
- We pull his chair away from the table, and replace the food. It happens every time he sits at the table.
- We make sure he does not choke, replace the food and offer him another sandwich or whatever he's eating.
- We let him know it's not okay.

The individual's IPP, behavior plans, and behavioral assessment were reviewed on 6/27/08. His behavior assessment stated he would "attempt to steal food and eat non-edible objects more often when he is hungry" and staff may have to occasionally "restrain his hands and arms to keep him from eating a non-food item or trying to swallow a handful of uncut food." No other information related to taking food was included in the documents. When asked about interventions related to the individual's food taking, the Administrator stated, during an interview on 7/1/08 at 3:00 p.m., the individual now had a plan in place.

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> When asked if the individual's behavioral assessment had been updated to include information related to food taking, the Administrator stated it had not yet been updated. When asked about the plan during a follow up interview on 7/2/08 at 9:00 a.m., the QMRP stated the plan had been implemented on 7/1/08.

Through observations, interviews, and record reviews, it could not be established that staff made an individual sit and watch others eat or withheld food from an individual.

Therefore, the allegation was unsubstantiated due to a lack of evidence. However, the facility failed to ensure an individual's behavior of inappropriately taking food was sufficiently addressed and the deficient practice was cited at W214.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: Individuals are being subjected to inappropriate physical restraints/carries.

Findings: An unannounced complaint investigation was conducted at the facility from 6/27/08 to 7/2/08. During that time, observations, record reviews and interviews were conducted.

> The behavior plans of 8 individuals residing at the facility were reviewed. Physical restraint was included as an intervention in 5 of the individuals' plans. The behavior slips from 1/08 to 6/26/08 were reviewed for those individuals. None of the behavior slips documented the use of inappropriate restraints. Additionally, on 6/27/08 and 6/28/08, 12 direct care staff who were working or had worked at the facility were interviewed. Staff stated they had not seen any inappropriate restraints.

> On 6/27/08 at 1:58 p.m., staff was observed to carry an individual to the van. At that time, staff were asked why the individual was being carried. Staff stated the individual had foot surgery and needed to be carried because her foot sometimes bothered her.

> Records were reviewed for the individual who was being carried and documented she had foot surgery. A staff communication log entry, dated 6/13/08, stated she was "wt. {weight} bearing as tolerated." Information related to how staff were to assist the individual (e.g. carry, assist to transfer, etc.) was not present in her record. When asked, on 6/27/08 at 2:00 p.m., if there were guidelines related to the individual's weight bearing or guidelines for transferring/carrying her, the Administrator stated there were not. The LPN also stated, when asked on 6/27/08 at 4:25 p.m., that guidelines for bearing weight as tolerated, had not been developed beyond the note in the communication log.

Teresa Carpenter July 9, 2008 Page 6 of 7

It could not be determined that individuals were subjected to inappropriate restraints. Therefore, the allegation was unsubstantiated due to a lack of sufficient evidence. However, the facility failed to ensure guidelines were developed to address the needs of an individual after foot surgery and the deficient practice was cited at W240.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #5: An individual is made to wear torn clothing.

Findings:

An unannounced complaint investigation was conducted at the facility from 6/27/08 to 7/2/08. During that time, observations, record reviews, and interviews were conducted.

Observations were conducted on 6/27/08. During that time, individuals were observed to be wearing appropriate clothing which was in good repair. Direct care staff were interviewed on 6/27/08 and 6/28/08. Staff stated the following regarding items which were destroyed:

- If something gets torn we have them change and write what happened in the log. One individual's torn clothes get put in a bag and sent to his mom.
- We have them change. For one individual, we save it and give it to his mom.
- Anything that is destroyed or broken we take and throw it away.
- We bag whatever it is and give it to the Administrator.

The staff communication log was reviewed. An entry, dated 6/24/08 stated an individual had "been behavioral tonight he ripped his dragon shirt." When asked about the individuals' personal possessions on 6/27/08 at 6:05 p.m., the Administrator stated an updated inventory was done for one individual at his mother's request. She stated anytime he had clothes which were torn, the clothes were placed in a bag and sent to the individual's mother. The Administrator then took a bag from the office, untied it and showed the survey staff a torn shirt which was waiting to be sent to the individual's mother. Beyond that, the Administrator stated the facility did not keep personal possession inventories and they did not have an alternative system in place to track receipt and loss of the individuals' personal items.

It could not be determined that individuals were made to wear torn clothing. Therefore, the allegation was unsubstantiated due to a lack of sufficient evidence. However, the facility failed to ensure sufficient systems were developed and implemented to ensure the individuals' rights to retain and use appropriate personal possessions was upheld. The deficient practice was cited at W137.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Teresa Carpenter July 9, 2008 Page 7 of 7

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

NW/mlw



C. L. "BUTCH" OTTER, GOVERNOR RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-030 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

July 9, 2008

Teresa Carpenter Preferred Community Homes - Courtyard 615 Second Avenue West Wendell, Idaho 83355

RE:

Preferred Community Homes - Courtyard, Provider #13G057

Dear Ms. Carpenter:

This is to advise you of the findings of the Complaint survey of Preferred Community Homes - Courtyard, which was conducted on July 2, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 21, 2008,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by July 21, 2008. If a request for informal dispute resolution is received after July 21, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

NW/mlw

Enclosures

JUL-15-2008(TUE) 09:59

RICHARDSON

07/15/2008 04:12

#049 P. 003/033

P. 003/033

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2008 FORM APPROVED OMB NO. 0938-0391

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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sefeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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·	diagnosed with mild ODD, OCD, and per His behavior interverstated he engaged aggression "(hitting kicking, head butting	/11/08 IPP stated he was it mental retardation, ADHD, creative developmental delay. ention plan, revised 4/12/07, in behaviors which included , biting, pinching, scratching, g, and attempts to)," SIB aging) and threats to commit					
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	have the right to ret personal possession.  This STANDARD is Based on observation record review, it was to ensure sufficient and implemented to retain personal possindividuals (Individuals facility. This resulted individuals' possession destroyed without a implemented. The staff stated the followere destroyed:  If something gets and write what happerforments when the same with and give it to Anything that is defined and throw it away.  We have them charave it and give it to Anything that is defined and throw it away.  We bag whatever Administrator.  The staff communication entry dated 6/24/08 "been behavioral to shirt." When asked personal possession	ain and use appropriate ins and clothing.  If not met as evidenced by:  If on, staff interviews, and is determined the facility failed systems had been developed of ensure individuals' rights to sessions was upheld for 8 of 8 als #1 - #8) residing at the red in the potential for sidns to be lost, stolen, or appropriate interventions being findings include:  If 28/08, direct care staff were not destruction of property, awing regarding items which the standard of the log. Individual the put in a bag and sent to his large. For individual #1, we	W	137	W 137 483.420(a)(12) PROF CLIENTS RIGHTS  The facility will ensure that client living at Courtyard whave the right to retain and appropriate personal posses and clothing. The facility win place a formal Personal inventory sheet, that will in clothing items, misc items, include a add and delete see and the reason it was delete the inventory will be done a quarterly, and anytime a clireceives clothes such at Chritime, birthday, and the start school. Each client at Court will have an inventory shee kept in a binder in the officito ensure the deficient will recur.  To be completed by the Add And the RSC by 09/21/08.	t each rill use ssions rill put clude it will ction d. at least ent ristmas of tyard t to be e not	
	was done for Individ	ual #1 at his mother's	•				

JUL-15-2008(TUE) 10:00

RICHARDSON

07/15/2008 04:13

#049 P. 009/033

P. 009/033

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF	of Deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		13G057	B. WING		07/04		
	OMDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST	07102	2/2008	
PREFERRE	ED COMMUNITY HO	MES - COURTYARD		WENDELL, ID 83355			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN DF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIED TO THE AP	ULO BE	(X5) COMPLETION DATE	
Twestattbattpinfissin Tbinw4R Einqu TiBinerattase 1.17 m	which were torn, the and sent to his motion a bag from the he survey staff a to be sent to Individual he Administrator states and possession dividuals (Individual acility and they did acility	I anytime he had clothes e clothes were placed in a bag her. The Administrator then office, untiled it and showed rn shirt which was waiting to #1's mother. Beyond that, ated the facility did not keep n inventories for the 8 elis #1 -#8) residing at the not have an alternative rack receipt and loss of the I items.  ensure sufficient systems had i implemented to ensure retain personal possessions IED MENTAL OFESSIONAL treatment program must be ted and monitored by a redation professional.  inot met as evidenced by: ons, record review, and staff ermined the facility failed to rovided sufficient monitoring 8 of 8 individuals (Individuals rds were reviewed. That lividuals not receiving the required to meet their	W 13	W 150 493 430(a) OUAI II	dea d weekly, loss The and ght		

JUL-15-2008(IUE) 10:00

RICHARDSON

P. 010/033

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION IG	(X3) DATE SU COMPLE	
		13G057	B. Wil				1
		10000		<u> </u>		0//02	2/2008
	ROVIDER OR SUPPLIER RED COMMUNITY HO	DMES - COURTYARD		6	REET ADDRESS, CITY, STATE, ZIP CODE 115 SECOND AVENUE WEST WENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	טעט אַפּ	(X5) COMPLETION DATE
W 159	and staff may have hands and arms to non-food item or try uncut food."  Individual #8's dieta 3/20/08 were review following:  6/4/07: His weight v 3/07, 104 pounds in 4/07. The notes start 93% of his ideal body may be desirable and he was on request.  9/27/07: His weight 7/07, 96 pounds in 9/07. The notes start desirable with his critical body weight rathe was at an approto monitor his weight 11/07, 115 pounds and 108 pounds in some weight loss weight gain was derecommendations it snacks three times higher calorie snacks	more often when he is hungry" to occasionally "restrain his keep him from eating a ing to swallow a handful of  any notes from 6/4/07 to wed and documented the  vas listed as 110 pounds in a 6/07, and 102 pounds in ated his current weight was at dy weight range (112-136 acific weight was not indicated, nented a slow weight gain was as to receive second helpings  was listed as 99 pounds in ated the weight loss was not urrent weight at 96% of his ange. The note further stated priate weight for his age and	W	159	In order to ensure that the oprovides sufficient monitoric coordination of the status of Courtyard clients, the plan of for the following federal deficiencies listed under W Will serve as the plan of act ensure Individuals residing Will receive services and re Training to meet their devel And behavioral needs. Pleas To W124, W130, W137, W W214, W227, W240, W289, W290 for specific informati Relating to those deficiencies. To be completed by QMRP Behavioral Specialist, and Administrator By 09/21/08.	ng and the of correction 159 ion to at Courtyar quired opmental se refer 193, , and on	
•		6/27/08 at 4:42 p.m.,					

JUL-15-2008(TUE) 10:00

RICHARDSON

07/15/2008 04:13

#049 P. 011/033

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIET/CLIA IDENTIFICATION NUMBER:	(XZ) N A. BU		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	LIRVEY TED
		13G057	B, WII	(G			C 2/2008
	PROVIDER OR SUPPLIER RED COMMUNITY HO			6	REET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355		·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	NIDBE	(X8) COMPLETION DATE
W 159	Individual #8's 6/08 When asked if the of the weight loss, the When asked what of which would trigger the QMRP stated th there were specific established by the of drastic change such their ideal body weig individual #8 was be and the QMRP state notified. The QMRP scheduled to come couple of days.	weight was 106 pounds. Iletician had been notified of LPN and QMRP stated no. Interia had been established notification of the dietician, ie dietician would be notified if notification parameters Iletician or if there was a is as someone dropping below ight range. The LPN stated allow his body weight range and the dietician should be also stated the dietician was to the facility within the next	W	159			
	needs were adequa  2. Refer to W124 as failure to ensure suf- restrictive interventic individuals' guardian  3. Refer to W130 as failure to ensure individuals individuals.	s it relates to the QMRP's ficient information related to ons was provided to the s. s it relates to the QMRP's ividuals were provided with			·		
	privacy during the ca 4. Refer to W137 as failure to ensure suf- developed and imple individuals' rights to was upheld. 5. Refer to W193 as failure to ensure stat the skills necessary	are of their personal needs.					·

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#049 P. 012/033

P. 012/033

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	T DF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		400057	B. Win		<u> </u>		
		13G057				07/02	2/2008
	ROVIDER OR SUPPLIER	DMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST /ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
W 159	Continued From pa	ge 9	W ·	59			
	failure to ensure the assessments include	is it relates to the QMRP's individuals' behavior led comprehensive h to base program decisions.					
	fellure to ensure sp	is it relates to the QMRP's ecific objectives and plans address the Individuals'					
	failure to ensure an to include all releva	s it relates to the QMRP's individual's IPP was updated in services and supports her identified needs.					
W 193	fallure to ensure sta interventions were r		w ·	193	,		
WWWWTF,	techniques necessa	o demonstrate the skills and try to administer interventions propriate behavior of clients.			W 193 483.430(e)(3) STAI TRAINING PROGRAM	<b>I</b> F	
	Based on observation review, it was determined to the ensure staff demonstrates to ad 8 individuals (Individuals (Individuals in a lack of	s not met as evidenced by: on, staff interview, and record mined the facility failed to strated the skills and minister interventions for 2 of fuals #4 and #6) whose ions were reviewed. This necessary equipment being implement the individuals'			Staff will be able to demons the skills and techniques that necessary to administer into to manage inappropriate bel of clients. Staff will be train in serviced on all behavior pat Courtyard.	at are erventions havior ned and	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		DE CONSTRUCTION	COMPLET	ED
		13G057	B. Wi	16		07/02	1
-	ROVIDER OR SUPPLIER RED COMMUNITY HO	OMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE IS SECOND AVENUE WEST /ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 193	1. Individual #4 an plans stated the formula plans stated the revised 10/4/07, staggression (hitting kicking, head butting self, bang The plan stated if and/or was self ab head and head butwear a helmet untition - Individual #6's brevised 3/08 stated (biting, hitting, head he attempted to be a helmet for up to the constant on 6/26/08 at 2:50 and #6 were obseud back to the fawere not taken with on 6/26/08 at 2:50 and #6 were on artime it was noted top of the entertain the was noted that the plans times. The facility failed the monstrated the	d Individual #6's behavior lowing:  chavior intervention plan, ated she engaged in biting, pinching, scratching, ng, and attempts to) and SI8 ting self, slapping self, ing head, and attempts to). She attempted to bite others usive by hitting/slapping her ting, staff were to have her I she was calm.  chavior intervention plan, d lindividual #6 engaged in SIB d banging). The plan stated if ang his head, staff were to use 2 minutes.  2:53 to 1:45 p.m. Individuals #4 rved during a walk to the park cility. However, the helmets he individuals. Additionally, p.m., staff stated Individual #4 nouting to another town. At that individual #6's helmets were on ment center in the living room. It the helmets the QMRP stated in on 6/27/08 at 4:15 p.m., the have their helmets available to consure staff consistently ability to effectively administer		193	Two helmets, and Other a equipment used To deal w behaviors will be Made av staff at all times.  Equipment will be placed proper places, such as the this will be done for all cli to ensure this deficient dorrecur.  To be completed by the Ql And Administrator by 09/2	ith client ailable for in the vans. ents es not	
	the neimet interve	ntions for Individuals #4 and #6.	1				

JUL-15-2008(TUE) 10:00 RICHARDSON P. 014/033

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLET		
		13G057	B. WING		07/02	2/2008	
	ROVIDER OR SUPPLIER RED COMMUNITY H	DMES - COURTYARD	61	EET ADDRESS, CITY, STATE, ZIP CODE 6 SECOND AVENUE WEST ENDELL, ID 83355			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 214	The comprehensive identify the client's behavioral manage.  This STANDARD Based on observate interviews, it was densure behavioral comprehensive info (Individuals #1 - #8 assessments were lack of information intervention decision.  Individual #1's 4 diagnosed with mile ODD, OCD, and perfer behavior intervention decision. The "Threats of suplan included instru	e functional assessment must specific developmental and ment needs.  In some the ast evidenced by: ion, record review, and staff etermined the facility falled to essessments contained ormation for 8 of 8 individuals ) whose behavioral reviewed. This resulted in a on which to base program ens. The findings include:  In 1/08 IPP stated he was dimental retardation, ADHD, ervasive developmental delay, ention plan, revised 4/12/07, in behaviors which included suicide.	W 214	W 214 483.44U(c)(3)(iii) INDIVIDUAL PROGRA  Behavioral assessments fo All 8 clients residing at Courtyard will be re-assess the behavioral assessments the BMP's will be cross re to ensure that no pertinent information is missed, and that all comprehensive info is included. Then that information will be included in all 8 clients IPI This will be done every tin That there is a revision ma To an assessment and year At the IPP meeting to ensu That this deficient will Not recur.  To be completed by the QMRP, Behavioral Specia And the Administrator by 09/21/08.	sed s and ferenced  ormation  P. ne de ly re		
·	monitoring, a suice completed and "A to to ensure that not himself is in his roo to be done with the potentially harmful [Individual #1] does individual #1's beh 4/12/08, included singhts, etc.)," and "	ide he was to have 1:1 staff ide assessment was to be room assessment is to be done ing that could be used to injure im. The same assessment is home. Any items that are are to be placed where is not have access to them."  avior assessment, dated ections titled "Impact of Daily he behavior effect/restriction of interventions (intervention e and direct the maladaptive					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEPICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			B. WING_		0	•
		13G057	B. WING _		07/02	/2008
	RED COMMUNITY HO	DMES - COURTYARD	6.	REET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Y must be preceded by full SC identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
W 214	behavior)." The serinformation related suicide.  When asked about interview on 7/1/08 stated the information assessment but it is 2. Individual #2's 6 diagnosed with profibehavior intervention he engaged in behavior intervention himself all the for a bite release."  Individual #2's behavior a bite release technic assessment, during p.m., the QMRP staincluded in the assessment and the assessm	the assessment, during an at 3:00 p.m., the QMRP on was not included in the should be.  ///////////////////////////////////	W 214	MET WILITY T		
		cand was to be removed from les due to infection control				

JUL-15-2008(IUE) 10:01

RICHARDSON

P. 016/033

PRINTED: 07/08/2008

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE STATEMENT OF DEFICIENCES	& MEDICAID SERVICES	(X2) MULTIPLE CONSTRUCTION	FORM APPROVED OMB NO, 0938-0391 (X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED

LETED C B. WING 13G057 07/02/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST PREFERRED COMMUNITY HOMES - COURTYARD WENDELL, ID 83355 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 214 Continued From page 13 W 214 concerns caused by his spitting behavior. However, Individual #5's behavioral assessment, dated 8/3/07, stated the following: "Strenaths: [Individual #5] is generally content in his environment. [individual #5] rarely engages in inappropriate behavior. (Individual #5) is able to use some words to communicate. [Individual #5] is able to answer some Yes/No questions. (Individual #5) is able to request and protest using words and gestures [sic] (Individual #5) has independent eating skills [sic] [Individual #5] is compliant with verbal requests to stop undesired behaviors. [Individual #5] can follow one step instructions. No formal interventions needed at this time." When asked about the assessment, during an interview on 7/1/08 at 3:00 p.m., the QMRP stated no additional information related to the function of Individual #5's behaviors was contained in his record. The facility falled to ensure Individual #5's functional assessment included comprehensive, consistent information related to his behavioral management needs. 4. Individual #8's 1/2/08 IPP stated he had autism and a history of maladaptive behaviors. a. Individual #8's IPP stated he received Tenex.

JUL-15-2008(TUE) 10:01

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		PLE CONSTRUCTION B	(X3) DATE SU COMPLE	DATÉ SURVEY COMPLETED	
		13G057	s. Wi	€G		07/02	2/2008	
	ROVIDER OR SUPPLIER RED COMMUNITY HO	DMES - COURTYARD		6	IEET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X6) COMPLETION DATE	
W 214	each evening. His psychotropic medic was based on Indiv sleep per night for s However, Individual did not include infor disturbances or who his other behaviors.  b. On 6/27/08 at 12 residing at the facill the table eating lunc mealtimes, staff sta 6/27/08 at 3:10 p.m would sit at the table stated Individual #8 not belong to him.	e drug) 2 mg 1 and 1/2 tablets IPP further stated the ation reduction plan for Tenex Idual #8 averaging 8 hours of six consecutive months. I #8's behavioral assessment mation related to his sleep at impacts they may have on 1:05 p.m., the individuals by were noted to be seated at ch. When asked about ted during an interview on that all of the individuals a together for meals. Staff sometimes took food that did	W	214				
	were working or had interviewed. When taking food that did the following:  - When he takes food hands down and reparted to replace the food He takes food app We redirect him, putable, clean up the resubstitution. For ex	put his hands down and roximately twice per week. If his chair away from the ness, and re-serve him with a ample if he took ham, we					,	
	bacon We pull him away food. It happens mo everyday.	and replace it with turkey from the table and replace the pre than once a week but not way from the table, and						

JUL-15-2008(TUE) 10:01

RICHARDSON

07/15/2008 04:15 #049 P.018/033

P. 018/033

#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES** CENTERS FOR MEDICARE & MEDICAID SERVICES

NAME OF PROVIDER OR SUPPLIER  PREFERRED COMMUNITY HOMES - COURTYARD  SIMMARY STATEMENT OF DEFICIENCIES WENDELL, ID 83355  PROBLET ADDRESS, CITY, STATE, ZIP CDDE 615 SECONG AVENUE WEST WENDELL, ID 83355  PREFIX TAG SECONG AVENUE WEST THE RECEDED BY PULL RECOLLATORY OR LISC IDENTIFYING INFORMATION)  W 214  Continued From page 15  replace the food. It happens every time he sits at the table.  - We make sure he does not choke, replace the food and offer him another sandwich or whatever he's eating.  - We let him know it's not okay.  Individual #8's IPP, his 10/2/IDS behavior plan, and his 12/IOS behavioral assessment ware reviewed on 6/28/IB. His behavior assessment stated he would "attempt to steal flood and eat non-edible objects more often when he is hungry" and staff may have to occasionally "restrain his hands and arms to keep him from eating a non-food item or trying to swallow a handful of uncut food." No additional information related to laking food was included in the documents. When asked about interventions related to individual #8's food taking, the Administrator stated, during an interview on 7/I/OS at 3:00 p.m., Individual #8's food taking, the Administrator stated the and only to been undated. When asked about the plan during a follow up interview on 7/I/OS at 9:00 a.m., the QMRP stated the plan had been implemented on 7/I/OS.  The facility failed to ensure Individual #8's functional assessment included comprehensive, current information related to his behavioral management needs.  5. Individual #3's 12/I/O7 IPP stated she was diagnosed with profound autism. Her behavior plan, dated 1/I/O3, stated she engaged in gegression (hitting, scratching, kicking, head butting, and attempts to) and SIB (head baring)s, biting, pinching, scratching, kicking, head butting, and attempts to) and SIB (head baring)s, biting, hitting, and kicking). The		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	1 '	LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
PREFERRED COMMUNITY HOMES - COURTYARD    PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   FACE DEFICIENCY MILST BE PRECEDED BY FULL   FACE OF THE PREFIX   FACE OF THE PRECEDED BY FULL   FACE OF THE PREFIX   FACE OF THE PREFIX   FACE OF THE PREFIX   FACE OF THE PROPRIPATE   DAYS - REPERCED TO THE APPROPRIATE   DAYS - REPERCED TO THE APPROPRIATE			13G057	e. Wi	4G			- 1
FREERIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 214  Continued From page 15 replace the food. It happens every time he sits at the table.  - We make sure he does not choke, replace the food and offer him another sandwich or whatever he's eating.  - We let him know it's not okay.  Individual #8's IPP, his 10/2/05 behavior plan, and his 1/2/08 behavioral assessment were reviewed on 6/28/08. His behavior assessment stated he would "attempt to steal food and eat non-edible objects more often when he is hungry" and staff may have to occasionally "restrain his hands and arms to keep him from eating a non-food item or brying to swellow a handful of uncut food." No additional information related to be taking food was included in the documents. When asked about interventions related to Individual #8's root laking, the Administrator stated, during an interview on 7/1/08 at 3:00 p.m., Individual #8 now had a plan in place. When asked if his behavioral assessment had been updated to include information related to food taking, the Administrator stated it had not yet been updated. When easked about the plan during a follow up interview on 7/2/08 at 9:00 a.m., the QMRP stated the plan had been implemented on 7/1/08.  The facility failed to ensure individual #8's food was included assessment included comprehensive, current information related to his behavioral management needs.  5. Individual #3's 12/7/07 IPP stated she was diagnosed with profound autism. Her behavior plan, dated 1/7/08, stated she engaged in aggression (hitting, bitting, pinching, sorsatching, kicking, head butting, and attempts to) and SIB	,		DMES - COURTYARD		61	15 SECOND AVENUE WEST	•	
replace the food. It happens every time he sits at the table.  - We make sure he does not choke, replace the food and offer him another sandwich or whatever he's eating.  - We let him know it's not okay.  Individual #8's IPP, his 1072/06 behavior plan, and his 1/2/06 behavioral assessment were reviewed on 6/28/08. His behavior assessment stated he would "attempt to steal food and eat non-edible objects more often when he is hungry" and staff may have to occasionally "restrain his hands and arms to keep him from eating a non-food item or trying to swallow a handful of uncut food." No additional information related to taking food was included in the documents. When asked about interventions related to Individual #8's food taking, the Administrator stated, during an interview on 7/1/08 at 3:00 p.m., Individual #8 now had a plan in place. When asked if his behavioral assessment had been updated to include information related to food taking, the Administrator stated it had not yet been updated. When asked about the plan during a follow up interview on 7/2/08 at 9:00 a.m., the QMRP stated the plan had been implemented on 7/1/08.  The facility failed to ensure individual #8's functional assessment included comprehensive, current information related to his behavioral management needs.  5. Individual #3's 12/7/07 IPP stated she was diagnosed with profound autism. Her behavior plan, dated 1/7/08, stated she engaged in aggression (hitting, bilting, plinching, scratching, kicking, head butting, and attempts to) and Sig	PREFIX	(Each Deficiency	MUST BE PRECEDED BY FULL	PREF	ix	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
	W 214	replace the food. It the table.  - We make sure he food and offer him in he's eating.  - We let him know it lindividual #8's IPP, his 1/2/08 behavior on 6/28/08. His being would "attempt to significant of the him in the fact in the doct interventions related the Administrator stated Administrator stated Administrator stated When asked about interview on 7/2/08 stated the plan had The facility failed to functional assessment needs the facility failed to functional assessment needs the facility failed to functional assessment needs the plan had The facility failed to functional assessment needs the plan had the facility failed to functional assessment needs for the failed fa	does not choke, replace the another sandwich or whatever it's not okay.  his 10/2/06 behavior plan, and all assessment were reviewed navior assessment stated he teal food and eat non-edible when he is hungry" and staff onaily "restrain his hands and om eating a non-food item or nandful of uncut food." No on related to taking food was uments. When asked about it to Individual #8's food taking, ated, during an interview on Individual #8 now had a plan ted if his behavioral ten updated to include to food taking, the dit had not yet been updated. The plan during a follow up at 9:00 a.m., the QMRP been implemented on 7/1/08.  ensure Individual #8's ent included comprehensive, related to his behavioral is.  2/7/07 IPP stated she was found autism. Her behavior stated she engaged in biting, pinching, scratching, g, and attempts to) and SIB	W	214			

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#049 P. 019/033

JUL-15-2008(TUE) 10:01

RICHARDSON

P. 019/033

		AND HUMAN SERVICES  & MEDICAID SERVICES				FORM A	07/08/2008 APPROVED 0938-0391
STATEMENT	of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY TED
		13G057	B. WI	NG_		07/02	2/2008
NAME OF P	PROVIDER OR SUPPLIER	•			EET ADDRESS, CITY, STATE, ZIP CODE		
PREFER	RED COMMUNITY HO	DMES - COURTYARD			IS SECOND AVENUE WEST JENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Must be preceded by full SC identifying information)	PREF TAC		Provider's Plan of Correc (Each Corrective action sho cross-referenced to the Appi deficiency)	ULD BE	COMPLETION DATE
W 214	Continued From pa	··· 1	W	214			
	"Staff may use Mar to stand or sit & the assist [Individual #3	section of the plan stated adt techniques (physical assist walking/moving restraint) to be to an area away from also stated Individual #3 was to minutes.					
	at 1:30 p.m., a sma in Individual #3's be the chair, the Admir	nental observation, on 6/27/08 Il yellow chair was noted to be adroom. When asked about nistrator, who was present at ervation, stated individual #3 ir to calm down.					
	1/8/08, did not inclu having Individual #3 10 minutes of calm, assessment, during p.m., the QMRP sta	avioral assessment, dated de information related to 3 sit in a chair in her room for . When asked about the pan interview on 7/1/08 at 3:00 ated the assessment did not related to the time out	•				
	functional assessm	ensure Individual #3's ent included comprehensive, related to her behavioral a.					
- Abovenie	6. Individual #6's 3. year old male.	/7/08 IPP stated he was a 19					
	out the front door. does this to great [s to go to do somethis However, his behave stated he was non-	e would would attempt to run The IPP stated "He normally ic] people he sees pull up or ng outside that interests him." rioral assessment, dated 3/08, compliant, would push and cted to another choice when			,	•	

attempting to elope, and he would hit himself in

#049 P. 020/033

JUL-15-2008(TUE) 10:01

RICHARDSON

P. 020/033

PRINTED: 07/08/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C B. WING \_ 13G057 07/02/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST PREFERRED COMMUNITY HOMES - COURTYARD WENDELL, ID 83355 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 214 Continued From page 17 W 214 the face and attempt to bang his head on the ground. The "Function of the Behavior" section of the assessment stated he "uses this behavior to try to get home." The assessment also included an objective to decrease elopements to 1 per month for 6 consecutive months. No other information related to Individual #6's elopement behavior was included in the assessment. When asked about the assessment, during an interview on 7/1/08 at 3:00 p.m., the QMRP stated additional information was not in the assessment but should be. b. Individual #6's behavior Intervention plan. revised 3/08 stated Individual #6 engaged in SIB (biting, hitting, head banging). The plan stated if he attempted to bang his head, staff were to use a helmet for up to 2 minutes. However, his 3/08 behavior assessment did not include information related to the helmet use. When asked about the assessment, during an interview on 7/1/08 at 3:00 p.m., the QMRP stated the information related to

but it should be.

the helmet was not included in the assessment

7. Individual #4's behavior intervention plan, revised 10/4/07, stated she engaged in aggression (hitting, biting, pinching, scratching, kicking, head butting, and attempts to) and SIB (scratching self, hitting self, siapping self, pinching self, banging head, and attempts to). The plan stated if she was aggressive/self abusive and other interventions had not been effective, staff were to escort her to her room or another area away from others. The plan stated "Staff may use Mandt techniques (physical assist to stand or sit & the walking/moving restraint) to assist findividual #41 to an area away from

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI				;
		136057	is. VVII			07/02	2/2008
	ROVIDER OR SUPPLIER RED COMMUNITY H	OMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST /ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 214	others." However, behavioral assessminformation related about the assessm an interview on 7/1 related to the restrated sessessment but it sessessment at 11/2 assessment but it sessessment at 11/2 assessment but it sessessment but it sessessm	Individual #4's 10/2/07 nent did not include to the restraints. When asked ent, the QMRP stated, during /08 at 3:00 p.m., information aints was not included in the should be. //8/08 IPP stated he was	W:	214			
	diagnosed with ADI staying on task. Hi "express displeasu screaming, turning others away when something." Additi-	ility on 4/12/07. He was HD and had difficulty sitting or is IPP further stated he would re by whining, crying, his head away or pushing he doesn't want to do onally, he would "occasionally refuse, but is easily directed to croal prompting."					
	4/8/08, stated he w behavior as a way usually get [Individually get [Individually get individual] with just verbal protheir hand. Brushir requires full hand o stabilization. Durin scream and attempt to otherwise remov [Individual #7] is also n most tasks for n	avioral assessment, dated rould "use the drop to the floor to avoid a task. Staff can ual #7] to rise up off the floor my thing and then holding out ng his teeth or combing his hair over hand assistance and head g this, [Individual #7] will not to drop to the floor or attempt to himself from the area so unable to remain focused nore than a second or two."					
	assessment stated seem to be escape did not include info to stay on task give stated in his IPP. V	behaviors section of the "[Individual #7's] behaviors motivated." The assessment rmation regarding his inability on his diagnosis of ADHD, as When asked about the MRP stated, during an	•				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	r of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		FLE CONSTRUCTION G	(X3) DATE SI COMPLE	TED
		13G057	B. Will	IG _		1	C 2/2008
	ROVIDER OR SUPPLIER	DMES - COURTYARD		6	LEET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies 'Must be preceded by full sc identifying information)	PREF TAG		PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHI CROSS-REPERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
W 214	needed to be updat	at 3:00 p.m., the assessment ed. ensure the individuals' nents contained	<b>W</b> :	214	W 227 483.440(c)(4)		
W 227	The individual prograbjectives necessars identified by the	VIDUAL PROGRAM PLAN ram plan states the specific ry to meet the client's needs, comprehensive assessment uph (c)(3) of this section.	W;	227	The individual program ple will include specific object necessary to meet the clien needs. Behavioral assessm will be included in the IPP	ans ives ts ents	
	Based on observation interviews, it was designed the individual meet the needs for #5 and #8) whose the reviewed. This resigned to a	s not met as evidenced by: on, record review, and staff etermined the facility falled to als' IPPs included objectives to 2 of 8 individuals (Individuals behavioral assessments were uited in a lack of program address the needs of the most likely to impact their include:			ensure that the program address's all of the clients needs. The behavioral asse will be cross referenced wi the IPP to ensure that all o are included. This will be done for all 8 clients residi at Courtyard to ensure this deficient will not recur.  To be completed by the Ql	th bjective's ng	
	observed sitting at At that time he was and white surgical r	2:10 p.m., individual #5 was the dining table eating lunch, noted to be wearing a blue mask around his chin.	·		Administrator, and Behavi Specialist by 09/21/08.		The state of the s
,	Information related about the mask on QMRP stated there related to Individual	07 IPP did not include to the mask. When asked 6/27/08 at 4:20 p.m., the were guidelines in place #5's spitting and the mask s/protocol, undated, stated the					

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#049 P. 023/033

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RICHARDSON

P. 023/033

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		iple construction IG	(X3) DATE SUI	ED
		13G057	8. WI	VG _		07/02	
	ROVIDER OR SUPPLIER	DMES - COURTYARD		•	REET ADDRESS, CITY. STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMAT(ON)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETION DATE
W 227	#5] will spit while at other residents and throughout the day, that [Individual #5] agitated, he will als be no triggering every predict when [Individual #5] and the protocol includinstructions which a lady [Individual #5].  The protocol includinstructions which a lady [Individual #5].  Staff were to ask spitting and tell him put on a mask."  Staff were to place remain covering his incidents of spitting. Once the mask his incidents of spitting. Once the mask his incidents of spitting tell him "good job mask from his mouth."  The protocol also see replaced when soil remove it after 30 see mask it was to stay. The "Mealtime" see the following instructions and the protocol also see the following instructions and the following instructions.	a tendency to spit[Individual in the table, while he is near if their belongings and a his time, we have found spits more often when he is o spit when there appears to ents. Due to our inability to idual #5] will spit, we have sol to help [Individual #5] be reducing the number of times is contaminates the home."  Individual #5 to please stop a "since you spit, we have to be followed when god in spitting:  Individual #5 to please stop a "since you spit, we have to be smouth for 30 seconds with no if or 30 seconds, staff were to not spitting" and move the with to his chin.  Intated the mask was to be ed and Individual #5 could seconds. If he did remove the off unless he spit again.  Individual #5 to please stop the conditions to staff:  To be given the opportunity to However, if he spit once while meal, staff were to prompt him	<b>V</b>	227			

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#049 P. 024/033

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RICHARDSON

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) M A. SUI				'ED
,		13G057	B. WIN	IG		07/02	/2008
	ROVIDER OR SUPPLIER RED COMMUNITY HO	DMES - COURTYARD		6	REET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355		
(X4) ID PREFIX TAG	EACH DEFICIENCY	Atement of deficiencies I must be preceded by full SC identifying information)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	IULD BE	(XS) COMPLETION DATE
W 227	counter to ensure to utensils were not countered to ensure to utensils were not countered individual #5 clean it escalated his spit also stated "Remer behavior plan, it is contaminationstate of times per shift [in behavior slip."  When asked about stated, during an inspitting was a probifirst admitted to the spitting had gone to However, 10 direct regarding the massistated the following.  - He wears it when everyday thing.  - He spits fairly ofter few seconds.  - The mask is used over his mouth for it pulled down arout based on how frequently when he spits the puts it on for a few away.  - We leave it on for a few away.  - We leave it on for a few away.	direct him to eat at the kitchen he other individuals' food and ontaminated.  I staff were not to have up any contaminated area as ting behavior. The protocol mber, the mask is not part of a for the reduction of cross of are to document the number individual #5] spits, [sic] on a the protocol, the QMRP iterview on 7/1/08 at 3:00 p.m., item when Individual #5 was a facility, but the episodes of the zero within the first week, care staff were interviewed to on 6/27/08 and 6/28/08. Staff item and we use the mask for a lawhen he spits. He leaves it a few seconds and then wears and his chin for up to an hour uently he is spitting.  The mask is given to him. He seconds, then it is thrown a few minutes when he spits.  I did not include an objective and behavior. The facility failed objectives and formal plans	W	227			
	TIME SECTION	ed to address Individual #5's	ł				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		*LE CONSTRUCTION 3	(X3) DATE SUF	ed
		13 <b>G</b> 057	B. WII	NG		07/02	1
	ROVIDER OR SUPPLIER	DMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST /ENDELL, ID 83355		·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION]	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULDBE	(XG) COMPLETION DATE
W 240	autism and a histor His IPP stated he n antihypertensive dr each evening. His psychotropic medic was based on Indiv sleep per night for However, Individual specific written obje When asked if a sp developed and if th incorporated in to a #8's sleep disturbal an interview on 7/1, nothing beyond the The facility failed to and formal plans he individual #8's slee 483.440(c)(6)(I) INI The individual prog relevant interventio toward independent This STANDARD Based on observat interview it was def ensure the individual relevant interventio (Individual #4) who This resulted in a la provided to staff.	/2/08 IPP stated he had y of maladaptive behaviors. eceived Tenex (an ug) 2 mg 1 and 1/2 tablets IPP further stated the ration reduction plan for Tenex idual #8 averaging 8 hours of six consecutive months. I #8's IPP did not include a rective related to his sleep. Rectific objective had been a plan to address Individual naces, the QMRP stated, during 1/08 at 3:00 p.m., there was medication reduction plan.  I ensure specific objectives ad been developed to address ping disturbances.  DIVIDUAL PROGRAM PLAN ram plan must describe ns to support the individual		240	W 240 483.440(c)(6)(i) INDIVIDUAL PROGRA  The individual program ple will describe all relevant interventions to support the individuals towards indeper all clients who have special instructions or special need in different circumstances, instance surgery, their will s protocol put in place to e all staff will know what to	an e endence. l is for be nsure	

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ABOTE SERVICE

#049 P. 026/033

JUL-15-2008(TUE) 10:02

RICHARDSON

P. 026/033

TATERCENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(N/2) M(H) T)	PLE CONSTRUCTION	(X3) DATE S	(15)/5
	FCORRECTION	IDENTIFICATION NUMBER:	A BUILDIN		COMPL	
			B. WING	100,000		C
		13G057	D, 101105		07/0	2/2008
	ROVIDER OR SUPPLIER RED COMMUNITY H	DMES - COURTYARD	6	REET ADDRESS, CITY, STATE, ZIP CODI 115 SECOND AVENUE WEST VENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
W 240	Continued From pa	ce 23	W 240			
	to carry individual # inside. At that time individual #4 was b Individual #4 had for sometimes bother I Individual #4's reco communication log communication log she was weight beautiful properties information ambulated, transfer record. When asked related to individual transfer/carries, etc. as a result of the forduring an interview was no additional in	44 to the van and place her staff was asked why eing carried. Staff stated tot surgery and her foot her, so staff carried her.  In the staff was as the staff were reviewed. The included an entry which stated aring as tolerated. No other is related to her ability to receive about guidelines/protocols its #4's ambulation ability, is based on her current needs to surgery, the LPN stated, on 6/27/08 at 4:25 p.m., there information to staff beyond the communication log.		All staff will be in service trained on all guidelines/g that are put in place. This done for all 8 clients that at Courtyard to ensure the deficient will not recur.  To be completed by the I QMRP, and Administrate 09/21/08.	orotocols will be reside	
W 289	was updated to inci supports she require surgery. 483.450(b)(4) MGM CLIENT BEHAVIOL The use of systems inappropriate client incorporated into the plan, in accordance this subpart.	atic interventions to manage	W 289			

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RICHARDSON

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	r of déficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LDING	PLE CONSTRUCTION 3	(X3) DATE SU COMPLET	
		13G057	B. Wil	NG		07/02	; /2008
	RED COMMUNITY H	OMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 289	behavior were incoplans of 1 of 8 indibehavioral assessive sulted in interver included in the indifindings include:  1. On 6/27/08 at 1 observed sitting at At that time he was and white surgical individual #5's 8/3/information related about the mask or OMRP stated theoretated to Individual use. The guideline following:  "[Individual #5] has throughout the day that [Individual #5] agitated, he will also be no triggering expredict when [Individual #5] agitated, he will also be no triggering expredict when [Individual #5] aday [Individual #5]. The protocol includinstructions which Individual #5 engal.	priporated into the program viduals (Individual #5) whose ments were reviewed. This intions being used that were not ividual's program plan. The street of the dining table eating lunch is noted to be wearing a blue mask around his chin.  The street of the mask. When asked to the mask. When asked to the mask. When asked to 6/27/08 at 4:20 p.m., the is were guidelines in place at #5's spitting and the mask des/protocol, undated, stated the stable, while he is near the table, while he is near the their belongings and the street their belongings and their belongings and the street their belongings and their belongi	W	289	W 289 483.450(b)(4) MG OF INAPPROPRIATE C BEHAVIOR.  All interventions used to m inappropriate client behavi be incorporated into the cli individual program plan. T assessment will be revised and a behavior program wi incorporated into the IPP. interventions used to mana behaviors in any clients it be incorporated into the IP this will be done for all 8 c residing at Courtyard to en that the deficient will not r  To be completed by the Ql And Administrator 09/21/6	client  anage or will ients he behavior ritten, and For ige will P. lients sure ecur.	

JUL-15-2008(IUL) 10:02

RICHARDSON

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#049 P. 028/033

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) FROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G057 .	B. Wil	4G		07/02	; 2/2008
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD			STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Must be preceded by full SC Identifying Information)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	completion Date
W 289	remain covering his incidents of spitting.  Once the mask has incidents of spitting tell him "good job nor mask from his mount of the protocol also streplaced when solle remove it after 30 streplaced in the stand up and go	e a mask on him which was to a mouth for 30 seconds with no for 30 seconds, staff were to ot spitting" and move the th to his chin.  Itated the mask was to be ed and Individual #5 could econds. If he did remove the off unless he spit again.  It be given the opportunity to However, if he spit once while neal, staff were to prompt him to the kitchen. direct him to eat at the kitchen ne other individuals' food and ontaminated.  Staff were not to have up any contaminated area as ting behavior. The plan also the mask is not part of a or the reduction of cross if are to document the number adividual #5] spits, [sic] on a	W	289			
	stated, during an Int spitting was a probl- first admitted to the spitting had gone to	the protocol, the QMRP terview on 7/1/08 at 3:00 p.m., em when Individual #5 was facility, but the episodes of zero within the first week, care staff were interviewed					

07/15/2008 04:17

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#049 P. 029/033

JUL-15-2008(TUE) 10:02

RICHARDSON

P. 029/033

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI			C	
		13G057	B. WIN	G			5/2008
}	ROYDER OR SUPPLIER	IMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST (ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 289	regarding the mask stated the following  - He wears it when everyday thing He spits fairly ofte few seconds The mask is used over his mouth for a it pulled down around based on how frequered to for a few saway.  - We leave it on for The mask and remained the use of incorporated into incorporated i	on 6/27/08 and 6/28/08. Staff the spits but it is not an and we use the mask for a when he spits. He leaves it a few seconds and then wears and his chin for up to an hour leadily he is spitting.  mask is given to him. He seconds then it is thrown a few minutes when he spits.  Eval from the dining table were ematic interventions to address and behavior. The facility failed if the interventions had been dividual #5's IPP. TOF INAPPROPRIATE	W 2		W 290 483.450(b)(5) MGN OF INAPPROPRIATE CI BEHAVIOR  Standing or as needed prograto control inappropriate behavil be discontinued. All 8 of BMP's will be re-evaluated that there is no standing or a needed programs. This will done to ensure that this definition of recur.	cams avior's clients to ensure as be	
	such usage, were n individuals (Individu interventions were r interventions being	ot permitted for 1 of 8 al #2) whose behavioral eviewed. This resulted in incorporated into an nout justification for their use.			To be completed by the QM And Administrator by 09/21		

JUL-15-2008(TUE) 10:03

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#049 P. 030/033

P. 030/033

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	(X3) DATE COMPLETION (X3) DATE COMPLETION			ETED	
		13G057	B. Wil	NG		07/02	C 2/2008	
	ROVIDER OR SUPPLIER	OMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST ENDELL, ID 83355			
(X4) ED PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	SULD BE	(XS) COMPLETION DATE	
W 290			W	290				
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AND FLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED C 07/02/2008		
NAME OF PROVIDER OR SUPPLIER STREET ADD				O7/02/2008 DDRESS, CITY, STATE, ZIP CODE OND AVENUE WEST LI, ID 83355				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG				
MM177	16.03.11.075.09 Pr Restraint	rotection from Abuse	and	MM177	MM177 16.03.11.075.09 Protection from Abuse and	Restraint		
The second secon	Restraints. Each re must be protected a buse, and free fro restraints except wi physician for a spe- necessary in an err resident from injury also Subsection 07	use and Unwarrante sident admitted to the from mental and phy mental and phy hen authorized in wreified period of time, nergency to protect to himself or to other 5.10).  et as evidenced by:	ne facility sical sical iting by a or when he		Refer to W290.  RECEIVED  JUL 17. 2008  FACILITY STANDARDS	S		
MM196	Guardian Is conducted only vor guardian, or after representative; and	Consent of Parent of the consent of the consent of the rootice to the resident et as evidenced by:	ie parent	MM196	MM196 16.03.11.075.10(c) Of Parent or Guardian. Refer to W124.	) Consent		
MM197	in the facility; and	Written Plans ten plans that are ke et as evidenced by:	pt on file	MM197	MM197 16.03.11.075.10(d) Written Plans Refer to W289	)	•	
мм203	Treated with consider recognition of his d	Treated with Consideration, respect, an ignity and individualitreatment and in cand	d full ty,	MM203	MM203 16.03.11.075.12(a) Treated with Consideration Refer to W130.			
	gilly Standards	DENUM CONDERSE	PENTL! NTATIVES SIGI	NATURE	admin 1/16	108	(XG) DATE	

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P. 032/033

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			A. BUILDING B. WING RESS, CITY, S ND AVENUE	SS, CITY, STATE, ZIP CODE  D AVENUE WEST				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	(X5) COMPLETE DATE		
MM203	Continued From pa This Rule is not ma Refer to W130.	_		MM203				
мм209	Right to Personal It to the facility must in his personal clothin permits, unless to c rights of other resid		admitted n and use as space upon edically	MM209	MM209 16.03.11.075.15 Right to Personal Items Refer to W137			
MM622	disorders, physical communication nee behaviors. This insi before personnel as individuals who may	oper management of handicaps, special eds and physically injurction must be proved assigned to work by the affected by the los, needs and behav	jurious vided with above	MM622	MM622 16.03.11.230.05(d) Proper Instruction.  Refer to W193.  MM725 16.03.11.270.01(b)			
	implementation of e of care, integrating program, recording initiating periodic re for necessary modifi-	onsible for supervising the various aspects each resident's progrew of each individuations or adjustmented by a QMRP o	dual plan of the press and ual plan ents, This	MM725	QMRP Refer to W159.			

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07/15/2008 04:18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G057			A BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/02/2008		
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, S ND AVENUE	TATE, ZIP CODE		
PREFER	RED COMMUNITY H	OMES - COURTY/		, ID 83355	** tm*L* (		
(X4) ID PREFIX YAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
MM725	Continued From pa	ige 2		MM725			
	This Rule is not make to W159.	et as evidenced by:					THE PARTY OF THE P
MM729	16.03.11.270.01(d)	Treatment Plan Obj	jectives	MM729	MM729 16.03.11.270.01(d Treatment Plan Objectives	)	
	The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227.				Refer to W227		
,					MM730 16.03.11.270.01(d	)(i)	
MM730	16.03.11.270.01(d) Data	(i) Diagnostic and P	rognostic	MM730	Refer to W214	-	
	prognostic data; an	e and relevant diagno nd et as evidenced by:	ostic and		MM861 16.03.11.270.08(f) Periodic Review	(iii)	
MM861	16.03.11.270.08(f)	(īī) Periodic Review		MM861	Refer to W240.		
	Initiating periodic recare for necessary	eview of each Individ modifications or adj	lual plan of ustments.		Reiel to W240.		
	This Rule is not m Refer to W240.	et as evidenced by:					
'							
						•	
IFANIL OF EA	cility Standards		· · · · · · · · · · · · · · · · · · ·				<u> </u>

LFGM11

Addendum to Complaint Survey Conducted at Courtyard July 2nd, 2008.

W 124 A QA system will be put into place to ensure this deficit will not recur, this will be done Quarterly by the Behavioral Specialist.

W 159 QA system will be put into place to ensure this deficit will not recur, every quarter the QMRP books will be checked and cross referenced to include that all weights are looked at and assessed. This will be done Quarterly by the Behavioral Specialist and Administrator.

W 193 Monthly Observations will be conducted and notes kept as to the observation, this will be done by the Administrator and RSC.

W 214 Quarterly checks will be conducted, monitoring will be done to make sure the IPP'S, Behavioral Assessments, and BMP'S all match with no missing information. This will be done by the QMRP, Behavioral Specialist, and the Administrator.

W 227 All assessments will be monitored and cross-referenced so all information will be the same, this will be done Quarterly by the QMRP, Behavioral Specialist, and the Administrator.

W 240 Please refer to W193.

W 289 Please refer to W193.

Jeresa Carpenter administrator 16900

W 290 Quarterly checks will be done, all QMRP books will be monitored and cross-referenced to ensure that no as needed programs or no standing programs will be missed. This will be done by the Behavioral Specialist, QMRP, and the Administrator.